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ABSTRACT

This demonstration project in school health and nutrition services is designed to show that through a coordinated team approach, students from low-income neighborhoods can be better served and improved utilization of existing community resources can be effected. To accomplish this goal, the following five basic programs have been developed and coordinated: (a) Nursing, (b) Speech and Hearing, (c) Guidance, (d) Health Aide (parent involvement), and (e) Transportation. Each of these five components serves teachers, parents, and students on an individual and coordinated basis. Team conferences are conducted weekly; coordinated parent and teacher and teacher programs are offered. The staff in each component works on an individual basis to provide teacher and parent conferences and to meet the needs of students. Efforts are coordinated with community agencies such as the county public health department. Data are being collected related to services rendered in service programs such as medical and dental treatment, the team conferences, and the parent involvement activities. Results indicate that through a coordination of efforts improved utilization of available resources is possible. (Author)

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Contributions from the Madison County Public Health Agency, the Madison County Department of Pensions and Security, the Alabama State Crippled Children's Service, the Model Cities Program, the Follow Through Program, as well as the classroom teachers in the Huntsville City School System have been of great value in the implementation of the Demonstration Project in School Health and Nutrition Services.

ED 095163

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Interim Report
Project No. 2-1004
Grant No. OEG -0-72-4695

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DEMONSTRATION PROJECT

IN

SCHOOL HEALTH AND NUTRITION SERVICES

Winnie Brown
Huntsville City School System
714 Bob Wallace Avenue
Huntsville, Alabama 35801

December 31, 1973

The research reported herein was performed pursuant to a grant with the Office of Education, U. S. Department of Health, Education, and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

U. S. DEPARTMENT

OF

HEALTH, EDUCATION, AND WELFARE

Office of Education

Title VIII Elementary Education Act

SP001343

The Demonstration Project in School Health and Nutrition Services is designed to show that through a coordinated, team approach, students from low income neighborhoods can be better served and improved utilization of existing community resources can be effected.

To accomplish this goal the following five basic programs have been developed and coordinated: a) Nursing b) Speech and Hearing c) Guidance d) Health Aide (parent involvement) and d) Transportation.

Each of these five components serves teachers, parents, and students both on an individual and on a coordinated basis. Team conferences are conducted weekly; coordinated parent and teacher programs are offered. Staff with each component works on an individual basis to provide teachers and parent conferences, as well as to meet the needs of students.

Efforts are coordinated with community agencies such as the Madison County Public Health Department, the Madison County Department of Pensions and Security, the Madison County Mental Health Clinic, the Model Cities Program, Follow Through, and the Alabama State Crippled Children's Service.

Data are being collected related to services rendered in service programs such as medical and dental treatment, the team care conferences and the parent involvement activities.

Results at this time indicate that through a coordination of efforts improved utilization of available resources is possible.

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I. OVERVIEW:

a. The School Centered Program:
From the initial planning phase of the Demonstration Project in School Health and Nutrition Services, there has been evidence of strong administrative support. Both the Superintendent and Assistant Superintendents have been actively involved in promoting the program in the Huntsville City School System. Consultant Services for all phases of the program have been readily available through the Central Office Staff.

Meetings were held with each principal at the beginning of the school year to present plans for the coming months. In some cases, there were new principals that needed an orientation to the project. Copies of the annual report were given to them in order to familiarize them with the services offered.

Problems have been encountered in bringing the Parent Advisory Committee together. However, a detailed letter was sent to each parent advisory member telling of the progress made during the 1972-73 school year and asking for their assistance on making plans for the 1973-74 school year.

Some of the agencies and volunteer groups which have been actively involved with the program include the following: a) The University of Alabama, Huntsville, School of Nursing b) The Alabama State Crippled Children's Service c) The Madison County Department of Pensions and Security d) The Madison County Public Health Department e) The Delta Gamma Sorority f) The Huntsville Sertoma Club g) The Huntsville Lion's Club h) The Follow Through Program, Huntsville City School System i) The Madison County Mental Health Association j) The Madison County Tuberculosis Association and k) The Title I Program, Huntsville City School System.

Efforts to acquaint the entire Huntsville Community with the aims and objectives of the project have been most effective through individual civic group contact. The slide presentation developed last year has been utilized at these meetings.

Much success has been enjoyed in providing communications concerning the project, although many more efforts are anticipated as time allows.

Regular monthly meetings between the Project Director and principals in the school setting have been felt to be of great value in allowing for a free flow of communication. Primary problems encountered in communication efforts have been in relation to scheduling of continuing in-service education programs for teachers.

The Huntsville City School System provides system-wide continuing in-service education for teachers and all personnel. Although the Demonstration Health and Nutrition Project staff members attended these meetings, other in-service programs have been conducted. (See Appendix IV).

b. Schools Work With Service Providers:
Staff with the Demonstration Health and Nutrition Project work through the Community Advisory Committee, as well as small parent and teacher groups, to provide for a coordination of services.

The Community Advisory Committee, comprised of two parents from each school and representatives of community agencies and civic groups, serves to review, evaluate and participate in decision-making related to the project.

Numerous community agencies and parents are involved in the implementation of the project, as well as serve on the Community Advisory Committee. The Delta Gamma Sorority participated in an orientation program and assisted the nursing staff in the visual screening of students. Approximately forty parents completed a first aid training course offered by the nursing staff and now serve as volunteers in the school clinics. The TB Association provided health education materials, as well as teacher in-service education programs. The Huntsville Sercoma Club will provide hearing screening for all 2nd, 4th and 6th grade students. The speech and hearing department of A&M University provides speech services for special students; the Alabama State Crippled Children's Service provides needed surgery, and the Madison County Public Health Agency provides many services including health education materials, immunizations, nursing service, sanitation control and many others.

Parent groups which meet on a weekly basis have been established for each school. The project staff work with these groups to improve school-community communications. Parents plan with the principal to work on projects such as fall festivals and other activities of value to the teachers and schools. Staff offer in-service education programs of interest to parents.

Key teachers from each grade in each school are selected to motivate teachers to utilize the Health Education materials provided by the program.

Project staff responsibilities have been clearly defined related to work with parents, teachers, students and community agencies.

A job description was revised for each staff position and program objectives were reviewed. A unified system of reporting was established which consists of the following: 1) narratives (qualitative) 2) matrices (quantitative) and 3) time-sequence schedules (See Appendix III). Reports are submitted on a monthly basis. Monthly staff meetings are conducted on the following format:

1) a review of the month's activities
2) a listing of planned objectives for the next month
3) a report from each component

Every effort has been made to fully involve and utilize existing community resources. Some difficulties have been experienced in coordinating parent activities offered by other federal projects in the target schools with this project due to guidelines set forth.

c. The Community View of the Project:
Several activities are conducted in this project which will doubtless produce a long range change in attitude toward provision of services. One of these which will be difficult to measure is the change which will occur in attitudes as various professionals and community agencies coordinate efforts to participate in team conferences. The results of this coordination are being documented in the form of team case studies (See Appendix VIII). Two case studies are conducted weekly. Qualitative information is being collected related to individual component service to students (See Appendix III). As civic groups, community agencies and schools become involved in a teaming effort, the need for this service to be available for students will be apparent.

d. Benefits, Procedures and Techniques:
Many procedures and techniques have been developed which will provide long range benefits to the community. The procedure for conducting team conferences is expected to have an impact on the system (See Appendix VIII). Other benefits include some of the following: 1) improved classroom atmosphere 2) improved communications and 3) improved self image among the students. As the community becomes fully aware of its resources, better utilization of services will result.

Staff with the Huntsville City School System are already somewhat aware of the need throughout the system for the services of this program. As these services are made available and as the community is made aware of the needs, it is expected that both local, state and federal supporting funds will be forthcoming to extend this program to all students.

II. METHOD OF IMPLEMENTATION:

a. Guidance:

Two guidance counselors and one assistant have served to implement the guidance program which encompasses the following objectives: a) to provide mental health counseling for students in target schools. b) to involve teachers in participating in activities associated with mental health c) to include parents in behavior modification and education of special children, as well as other phases of the learning process and d) to participate in team conferences.

A system of classroom observations and referrals was established to identify students presenting needs. From referrals received, individual testing and student counseling have conducted. A total of 46 students have been administered psychological tests. Efforts have been made to identify students with similar problems to allow for grouping into therapy sessions when needed.

Total efforts of the guidance program have been coordinated with the staff and community agencies such as Aide to Dependent Children (a facet of the Welfare Department) and numerous physicians, psychiatrists, psychologists and probation officers. Evaluation has been built into the guidance program through a system of reporting (See Appendix III).

Parent involvement activities for the first semester have been largely provided on an individual basis. Approximately 62 parent conferences have been conducted as of this date. Plans are being made to offer a mental health program to parents. Approximately 45 parents are expected to attend.

In preparation for a unit on Mental Health planned for presentation in March 1974, the guidance counselors have prepared a television script which will be video taped in early January 1974. In conjunction with the viewing of the tape, a Mental Health booklet has been prepared for each child in the pilot schools, which is designed to reinforce the theme of the film (See Appendix V).

A concentrated effort by the guidance component has been focused on first grade children with perceptual difficulties causing a learning disability. These children have been identified for

group teaching through testing, using the Marianne Frostig Developmental Test of Visual Perception. Approximately 60 children from the pilot schools are receiving this service. Teahcers report most of these children have shown marked improvement in all areas. Children found to have severe learning disabilities have been placed in appropriate special education classes.

The counselors' assistant has taught a total of 22 classes a week using the Duso Kit which is designed to help children develop self-appreciation. These classes have been taught to children in grades 1 through 3, in sessions approximately 30 minutes in length. This guidance program includes stories, records, puppets, and role playing activities dealing with self understanding. These sessions have been well received by both children and teachers. In addition to teaching the Duso Kit, the Counselor's assistant has had responsibility for clerical duties related to guidance counseling. These duties include compiling and typing weekly and monthly reports required by the Huntsville City Board of Education and the Director of Demonstration, Health and Nutrition Project. In addition, the assistant has been responsible for typing psychological reports, mileage reports, and other pertinent materials.

b. Speech and Hearing Program:
One Speech and Hearing Therapist was employed to implement the following objectives: a) to provide theraputic services for children in the target schools b) to make the teacher more aware of the needs of children who have speech and hearing problems and how to cope with these problems c) to involve the parent in the rehabilitation and education of the speech and hearing handicapped child and to help the parent cope with needs related to speech and hearing.

To identify the children with a speech problem the therapist conducts articulation screening in all first grade classes and teacher referrals. The articulation screening locates speech problems but does not analyze the articulation problem itself. The speech therapist also conducts an auditory screening test on students who are referred and on first grades. The VASC audiometer (Visual Auditor Screening for Children) is used for the younger children as this allows for more accurate auditory screening of young children.

Once the case load of children needing speech and hearing was established, diagnostic articulation testing was conducted on each child. The diagnostic test used was the Goldman-Fristoe Test of Articulation (subtests sound in word and sound in sentences). The information gained from this test is identification of phonetic errors and manner of error production. Once this is determined in each child a therapy schedule is set up. A total of 78 students are scheduled to receive speech therapy. 66 children are seen twice per week in group sessions ranging from two to five per group. 12 children are seen once a week in individualized sessions. Six children have been referred to the A&M University Speech and Hearing Department for therapy. Three children have been referred to the Huntsville Rehabilitation Center for therapy.

The various methods used in the therapy sessions are the Goldman-Lynch Language Development which is a basic phonetic program. This program is used by first grade students or students who have more severe speech problems. Generally Van Riper's approach for articulation therapy is carried out for those students who have moderate articulation problems. Van Riper focuses his approach in the defective sound which is in error, thus therapy starts in the isolated sound or syllable level

eventually reaching the ultimate goal which is the sound in spontaneous speech. When through deep testing the therapist discovers the student has numerous key words, the Backus and Beasley approach to therapy is used, thus therapy starts at the functional level and works downward through the sentence, word and syllable levels. In this approach, correction always occurs in a communicative context.

Plans have been made to conduct hearing screening in all 2nd, 4th and 6th grade students in January. This effort will be coordinated with the Huntsville Sertoma Club and the Health Services Nursing component.

The Peabody Picture Vocabulary Test has been given to sixty-six of the children enrolled in speech therapy. This test aides in providing further information necessary to decide the method of articulation therapy with which to begin.

c. Health Aide Program:
Two health aides continue to implement the Health Aide Program objectives which consist of the following: a) to provide emergency first aid services under the supervision of the school nurse b) to motivate parents in various communities to become involved in providing first aid services to the target schools c) to motivate parents to participate in activities and programs in the target schools.

Implementation of the Health Aide Program has been effected in the following manner: a) two days per week have been designated for clinic activities per school b) one day per week has been designated for parent programs and home visits c) each health aide has divided her time equally between two schools.

A total of 1779 students have received emergency services through clinic activities since September (See Appendix III).

Regular weekly meetings have been held in conjunction with existing social service programs at Cavalry Hill, Terry Heights and Fifth Avenue Schools.

Activities in which parents have been involved include the following: a) sewing smocks for clinic volunteers b) clinic volunteer in-service training c) communicable disease programs or social gatherings d) Christmas parties, Halloween parties, festivals.

The system of reporting for the Health Aides was revised for this school year. This provides more specific data as to the various categories of the clinic visits. (See Appendix III).

d. Transportation Services:
Four Transportation Aides continue to provide needed transportation services in support of the total health project.

Each transportation staff person works to serve one school. All services are coordinated through the Assistant Administrator. Other staff members requiring transportation services for families have made their needs known to the Assistant Administrator who has served to schedule and coordinate this activity.

The transportation aides have served as an additional valuable link between the community and the school. They contact each parent individually to inform them of appointments.

e. Nursing Service Program:
Two nurses continue to implement the following health service programs objectives: a) to provide and to ensure a safe school environment b) to provide for medical treatment and follow-up for students as needed c) to provide for mass screening programs---vision, dental, hearing, and tuberculosis d) to provide for the control of communicable diseases e) to provide for early identification and follow-up of students presenting dental health needs h) to assist in providing health education for parents, teachers and students.

From teacher, parent and staff referrals, as well as from classroom observations, students with needs have been identified and services have been rendered (See Appendix III). Mass screening programs have been conducted to identify students with needs. All students received visual evaluations with the Snellen Illiterate E Chart. Rescreening was done utilizing the telebinocular. Students who screened 20/50 bilaterally will be referred to the opthalmologist. Efforts are being coordinated with the Speech and Hearing Services. During the mass hearing screening program each child will receive an otoscopic evaluation by the nurse, before the audiometric test is given. All students have been screened for dental health needs; over 150 students have been treated and completed through coordination with the Follow Through program. Approximately 100 students will be scheduled for treatment beginning in January. Numerous communicable diseases have been reported. Pediculosis has been the most prevelant problem. When a case of pediculosis is reported, nurses go into the school and check each child's head. All children identified are sent home with proper instructions for treatment. Daily visits are made by the nurse until the child is cleared to return to school.

Plans have been made to conduct TB skin testing in March - May. Nurses have teamed with the guidance service in working with students presenting mental health needs. Nurses participated in weekly team case conferences (See Appendix VIII). Nurses have also teamed with teachers in presenting classroom demonstration health education units. Numerous teacher in-service education programs have been offered. The Metropolitan film "Looking at Children" was shown to each school faculty. Nurses teamed with other staff members in using this film as a basis for beginning teacher

observation instruction.

Each nurse worked with key teachers in each school to emphasize the three health education units offered from September - December which were Alcohol, Drugs, and Tobacco, 2nd & 5th; Personal Health, 3rd & 6th; Family Life 1st & 4th grade. Materials were assimilated and packets prepared for each teacher to use with the proper Health Education Unit. Nurses prepared and displayed bulletin boards to complement each unit. Future plans for bulletin boards include soliciting the aid of the children to involve them more in Health Education. ETV tapes concerning Alcohol, Drugs and Tobacco and Personal Hygiene developed in the 1972-73 school year were shown in October and November. Each film was shown at four different times of the day in each school. Other ETV tapes are scheduled to be shown in January and February. Nurses will coordinate efforts with the Mental Health Component in filming an ETV tape on Mental Health. Health Education Materials continue to be reviewed and purchased.

Nurses have worked with parents on a group and individual basis. Parent programs have been offered in all schools on communicable diseases using the handbook developed in the 1973-73 school year. Nurses also teamed with the health aides and provided a 12 hour course which prepared parents to serve as clinic volunteers in the schools. Parents were presented certificates and pins upon completion of the course. Another session will be held in early February. Numerous written communications related to screening programs have been sent to parents. Individual conferences have been held for home visits made related to individual student needs (See Appendix III). Health and environmental safety checks were done at each school by the nurses. The findings were discussed with the principals and recommendationswere made for improvements. Cooperation was excellent. Copies of the reports were forwarded to the safety director of the city school system.

III. Summary and Evaluation:

The project to date has experienced a measure of success, all components are functioning on their time-sequence schedule. Services that would have been virtually impossible otherwise, have been rendered to children. Parents are becoming more aware of the availability of community resources, but much remains to be done in this area. The team conference approach demonstrated by this program has proven so effective that it is being used throughout the school system.

APPENDIX I

SUMMARY GUIDE

SUMMARY GUIDE

PROJECT NUMBER: 2-1004

GRANT NUMBER: OEG -0-72-4695

PERIOD: June 1, 1973 to December 31, 1973

DATE OF SUBMISSION: December 31, 1973

NAME OF INSTITUTION: Huntsville City School System

TITLE OF PROJECT: Demonstration Project In School Health and Nutrition Services

OFFICE OF EDUCATION DIVISION: Department of Health, Education and Welfare. Title VIII Elementary Education Act.

1. MAJOR ACTIVITIES AND ACCOMPLISHMENTS:

   a. Dental Health Program
   b. Medical Treatment Program
   c. Development of Health Education Materials
   d. Guidance counselling on elementary level
   e. Complete speech and hearing screening and follow-up.
   f. Provision of volunteers to cover school clinics.

2. PROBLEMS:

   a. Taping of E.T.V. films
   b. Inability to obtain material from school printshop because of overload.
   c. Methods of evaluation
   d. Attendance of parent advisors at meetings.
   e. Publicity

3. SIGNIFICANT FINDINGS:

   See body of report and appendix

4. DISSEMINATION ACTIVITIES:

   a. Use of slide presentation developed in the 1972-73 school year.
   b. Monthly reports
   c. Programs for PTA meetings.

5. CAPITAL EQUIPMENT ACQUIRED:

   Two otoscopes

6. DATA COLLECTION:

See appendix

7. OTHER ACTIVITIES:

See other sections of the report.

8. STAFF UTILIZATION:

Each staff member is used to the fullest extent in carrying out the objectives of the program.

9. ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD:

See the time-sequence schedule for each component.

_____

Signature of Project Director

_____

Date

COMMUNITY ADVISORY COMMITTEE

COMMUNITY ADVISORY COMMITTEE
DEMON. HEALTH & NUTRITION

Ms. Katherine Hefner	Central Office
Ms. Beth Gann	Central Office
Ms. Bonnie Denoon	Central Office
Mr. Silis Cross	Central Office
Ms. A. Stuart	Central Office
Ms. C. Shippey	Central Office
Mr. Horace Dennis	Central Office

PARENTS:

Ms. Louise Matthews	1710 Niblick Dr.	Cavalry Hill
Mr. Alex Readus	2606 A Timberlane	Cavalry Hill
Ms. Elizabeth Carter	2404 B Braham Ave.	West Huntsville
Ms. Clara White	427 Binford Court	West Huntsville
Ms. Sandra Medley	3006 2nd Ave.	Terry Heights
Ms. Mary Fleming	114-B Mason Court	Terry Heights
Ms. Jean Sirote	2212 Gill Street	Fifth Avenue
Ms. Dorothy Blackburn	2411 Henry St.	Fifth Avenue

PRINCIPALS:

Mr. McFerrin	Fifth Avenue	534-2681
Mr. Lusk	West Huntsville	536-3841
Mr. Tibbs	Terry Heights	534-5291
Mr. Fields	Cavalry Hill	536-9271

COMMUNITY AGENCIES:

Ms. Mary Lloyd	University of Alabama Huntsville-Nursing
Mr. Byron Henry	Model Cities Area
Ms. Mary Dra[illegible]y	Model Cities Area
Ms. Pansy Glenn, R.N.	Public Health Department
Ms. Claudell Shippey	Follow-Through
Mr. Chris Beard	Crippled Children's Service
Ms. Gwen Hulsey	Model Cities Area-Huntsville Hospital Clinic
Ms. Shirley Arment, Dir.	Department of Pensions & Security
Dr. Jack Turner	Mental Health Clinic
Ms. Helen Ellis	T.B. Association

REPORTING FORMS AND DATA

Time Sequence Schedule - Nursing Service Component
Time Sequence Schedule - Guidance Component
Time Sequence Schedule - Speech and Hearing Component
Time Sequence Schedule - Health Aid Component
Monthly Report Form - Nursing Service Component
Monthly Report Form - Health Aide Component
Monthly Report Form - Transportation Component
Mid-Year Data - Nursing Component
Mid-Year Data - Guidance Component
Mid-Year Data - Transportation Component
Mid-Year Data - Health Aid Component

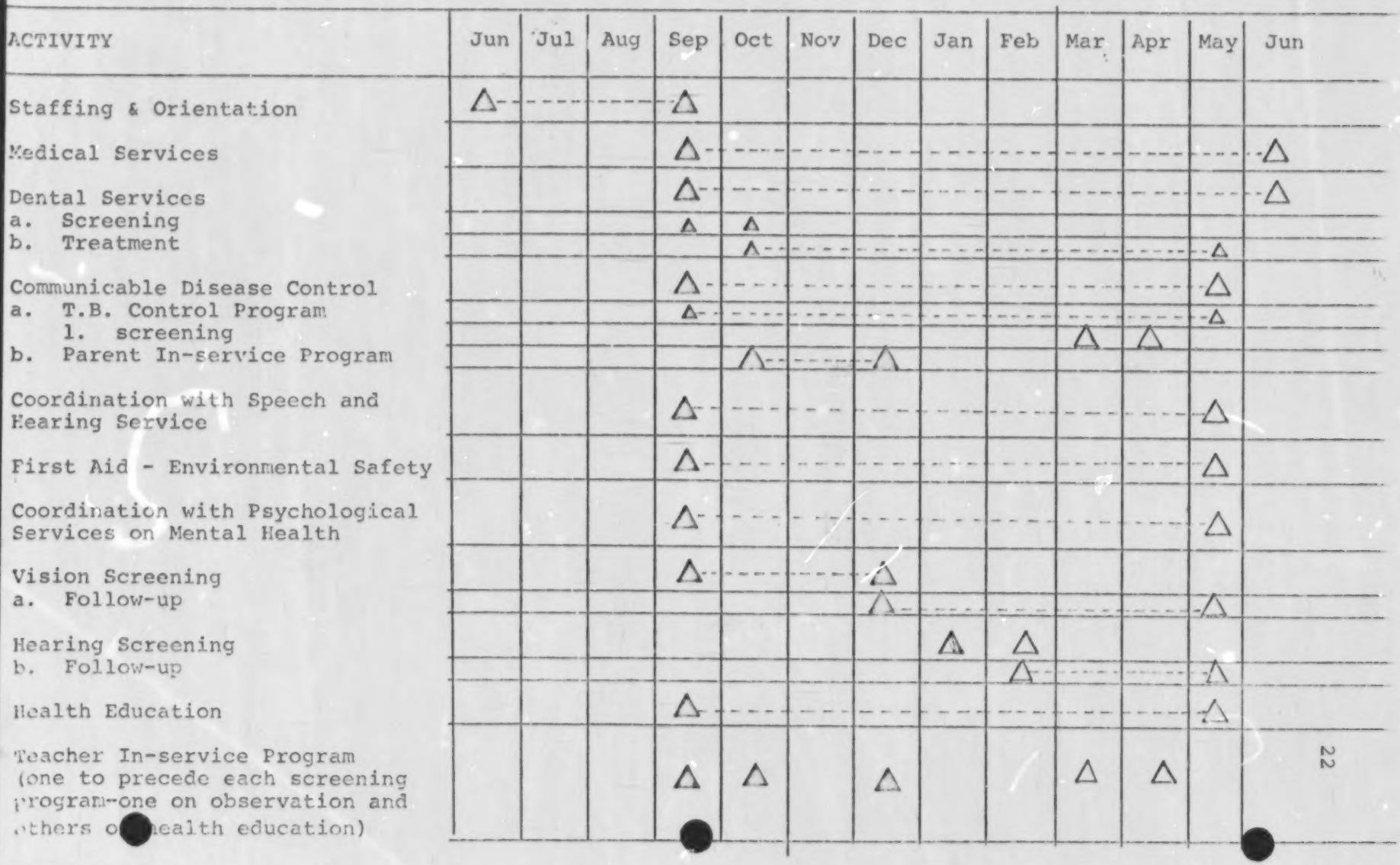
PROJECT SCHEDULE

FOR ACTION YEAR

REVISED YES NO

REPORT _____ COMPONENT CATEGORY Nursing Service

DATE _____ PROJECT NO. _____ TITLE _____



TIME SEQUENCE SCHEDULE ON GUIDANCE PROGRAM

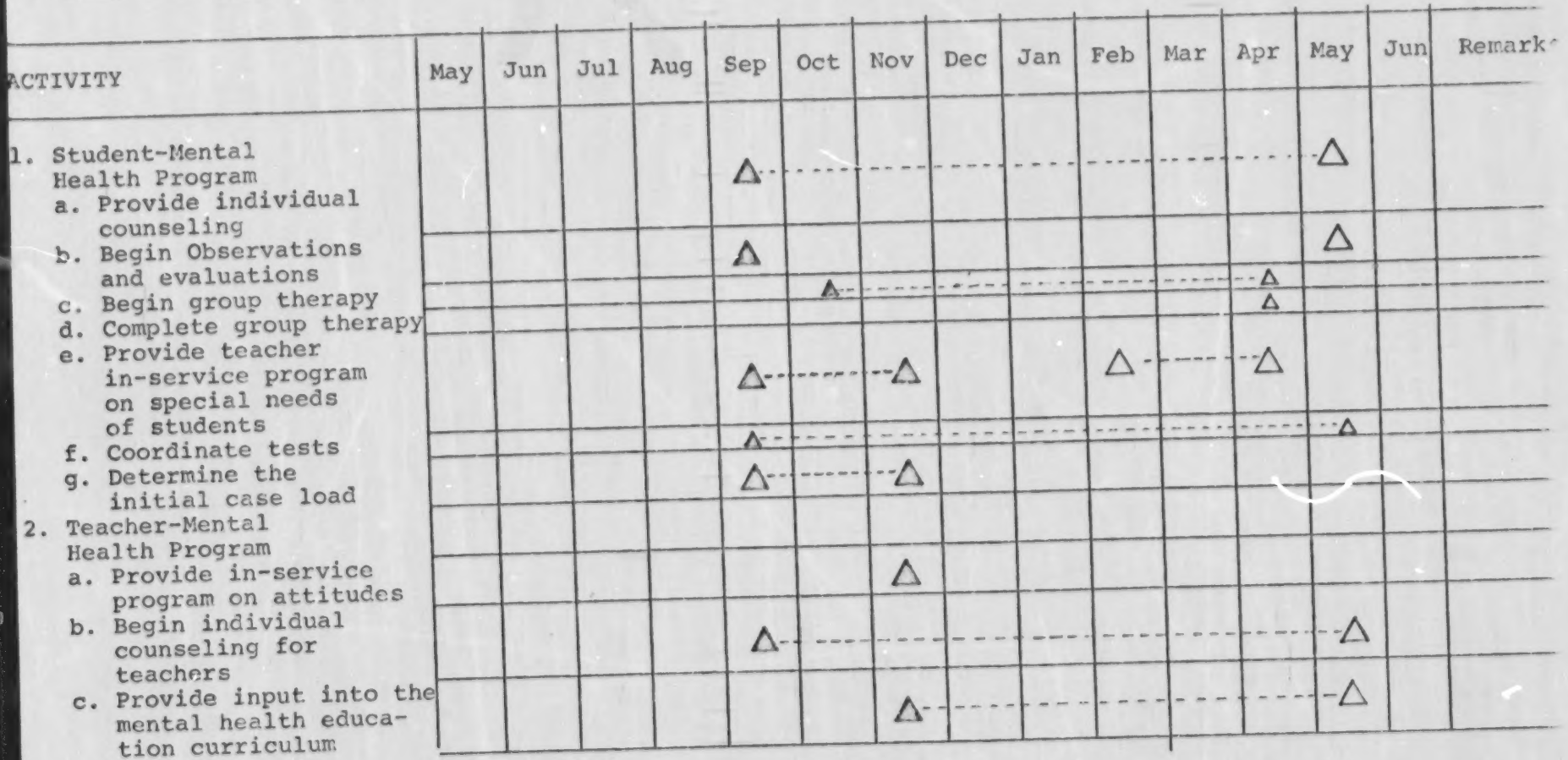
REPORT _____

DATE _____

COMPONENT CATEGORY Guidance

REVISED YES NO

PROJECT NO. _____ TITLE _____



PAGE 2 TIME SEQUENCE SCHEDULE ON GUIDANCE PROGRAM

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Remarks
3. Parent-Mental health program															
a. Provide parent programs related to the child and the family health needs							△					△	△		
b. Provide individual counseling for the parent					△	----	----	----	----	----	----	----	△		
4. Participate in team conferences with total staff (Monthly beginning)						△	----	----	----	----	----	----	△		

TIME SEQUENCE SCHEDULE

Report: _____ Component: Speech & Hearing Service Revised Yes No

Date: _____ Project No.: _____ Title: _____

Activity	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1. Student Program													
a. Begin classroom observations					△								△
b. Take teacher referrals					△								△
c. Determine case load						△							
d. Begin Speech therapy						△							
e. Conduct hearing screening									△	△			
f. Begin hearing follow -up										△			△
2. Teacher Program													
a. Provide for individual conferences					△								△
b. Provide group in-service education						△			△			△	
c. Provide classroom demostration						△			△				

TIME SEQUENCE SCHEDULE

Report: _____ Component: Speech & Hearing Service Revised Yes No

Date: _____ Project No.: _____ Title: _____

Activity	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
3. Parent Program							△						△
a. Provide for individual conferences						△				△		△	
b. Provide for group meetings													
4. Team Conferences						△							△
a. Participate													

TIME SEQUENCE SCHEDULE

Report: 5

Date: December 31, 1973

Component: Health Aide Program

Project No. 2-1004

Revised Yes No

Title: Demonstration Health

Activity	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1. Establish clinic records					△									
2. Begin operation of clinic					△									
3. Stock clinic supplies					△			△						
4. Begin home visits					△									
5. Establish parent meetings					△									
6. Provide parent programs in co-ordination with the staff					△	- - -	- - -	- - -	- - -	- - -	- - -	- - -	△	

NURSES
MONTHLY REPORT

SERVICES	MEDICAL					PHONE CALLS					HOME VISITS					SCHOOL VISITS				
CODE	DHP	FT	TIT I-A	TIT I-B	3-C	DHP	FT	TIT I-A	TIT I-B	3-C	DHP	FT	TIT I-A	TIT I-B	3-C	DHP	FT	TIT I-A	TIT I-B	3-C
G.U.																				
G.I.																				
URI.																				
COMM. DISEASES																				
SKIN DISORDERS																				
T.B. FOLLOW-UP																				
BLOOD DYSCRASIA																				
CARDIO-VASCULAR																				
EMER.																				
MENTAL HEALTH																				
VISION PROBLEMS																				
EARS																				
NOSE & THROAT																				
TEETH																				
MUSCULAR SKELETAL																				
NEURO																				
BMY.																				
SYN.																				

HEALTH AIDE
MONTHLY MATRIX

NAME: _____ MONTH: _____ SCHOOL: _____

	G.U.	G.I.	Res-piratory	Comm. Diseases	Skin	Emer.	Eyes	Ears	Teeth	Mus-cular	Head-ache	Nose & Throat	Misc.	Pa In
Children														
Parents														

TRANSPORTATION
MONTHLY MATRIX

NAME: _____ MONTH: _____ SCHOOL: _____

	PHY.	DENTAL	EARS	EYES	MENTAL HEALTH	SPEECH & HEARING	EMERGENCY	PARENTAL INVOLVEMENT	PHD	
Children										
Parents										

DEMONSTRATION
HEALTH & NUTRITION
PROJECT - HEALTH
SERVICES **MID-YEAR REPORT**

	Medical Treatment (Physician)	Dental Treatment (Dentist)	Genitourinary	Gastrointestinal	Skin	Upper Respiratory Communicable Diseases	Tuberculosis	Cardiovascular	Emergencies	Eyes, Ears, Nose and Throat	Mental Health	Muscular Skeletal	Neurological	Ob-Gyn	Anemia	TOTALS
I NURSING SERVICE																
a. Home Visits	122	161	20	44	120	22	140	6	3	7	99	28	21	24	2	3	822
b. School Visits	57	81	16	91	278	26	50	1	5	21	253	29	54	36	3	4	1005
c. Phone Calls	31	30	5	8	34	7	20	2	3	4	39	19	12	21	0	2	237
TOTAL	210	272	41	143	432	55	210	9	11	32	91	76	87	81	5	9	2064
II MEDICAL TREATMENT	No. Student	No. of times Cared														
a. Physicals	43	43														
b. Other Treatment	71	92														
IV DENTAL TREATMENT	150	349														
IV REFERRALS																
a. Crippled Chilren's	5	5														
b. Mental Health	2	2														
c. Public Health Dept.	10	10														
d. Lions Club	5	5														
e. Other	0	0														

PSYCHOLOGICAL SERVICES
DEMONSTRATION HEALTH PROJECT

Monthly Report
Date Submitted_____

REPORTING PERIOD
From August
To December

ACTIVITIES	STUDENTS INVOLVED	TEACHERS-NURSES-THERAPISTS INVOLVED	PARENTS INVOLVED	ADMINISTRATOR INVOLVED
CLASSROOM OBSERVATION	121	2		
GROUP TESTS	49	2		
INDIVIDUAL TESTS	46			
TEST INTERPRETATIONS		10	3	
COUNSELING SESSIONS INDIVIDUAL	144	130		
COUNSELING SESSIONS GROUP	1241	130		
MENTAL HEALTH CLASSES	7943			
TEAM CONFERENCES		11 conferences		
PLACEMENT CONFERENCES		46	26	68
GENERAL CONFERENCES		364	6	129
IN-SERVICE TRAINING		3 meetings	27	
PLACEMENTS	32	30		
REPORTS AND RECORDS				Tests 42 Reports 47

TRANSPORTATION AIDES
NO. OF CHILDREN TRANSPORTED & REASON

	Sept.	Oct.	Nov.	Dec.
Physical	8	6	7	9
Dental	9	160	239	93
Ears	2	2	0	2
Eyes	1	6	0	1
Speech & Hearing	14	48	39	8
Public Health Dept.	3	0	0	0
Mental Health	3	0	0	0
Parent Involvement Activities	35	16	14	17
Misc.		6	8	2
Total	127	244	307	132

FIFTH AVENUE & WEST HUNTSVILLE CLINIC VISITS

ILLNESSES	SEPT.	OCT.	NOV.	DEC.	
Genitourinary					
Gastro-intestinal	42	21	38	18	
Respiratory	0	6	7	5	
Comm. Disease	3	8	9	4	
Skin	112	136	116	50	
Emergency	3	0	2	1	
Eyes	3	3	3	5	
Ears	0	2	3	3	
Teeth	3	12	21	4	
Muscular	2	0	15	14	
Headaches	17	21	14	13	
Nose & Throat	5	7	9	3	
Misc.	0	11	9	2	
Parent Visits for Parental Involvement	10	16	15	13	
TOTAL	200	254	261	135	

CAVALRY HILL
TERRY HEIGHTS
CLINIC VISITS

Illnesses	Sept.	Oct.	Nov.	Dec.	
Genitourinary	0	0	0	1	
Gastro-intestinal	33	30	40	20	
Respiratory	8	7	5	1	
Comm. Disease	0	5	3	1	
Skin	138	166	94	62	
Emergency	1	0	1	0	
Eyes	6	9	6	1	
Ears	8	15	6	4	
Teeth	14	16	9	0	
Muscular	10	8	3	2	
Headaches	30	40	19	12	
Nose & Throat	15	14	8	5	
Misc.	0	5	0	0	
Parent Visits for Parental Involvement	18	12	9	9	
Total	281	327	203	118	

STAFF IN-SERVICE

WORKSHOP ATTENDED BY STAFF

WORKSHOP	STAFF ATTENDING	DATES	PLACE	OBJECTIVE
Dr. Roger Linke Family Practice Center	All Staff	Aug. 16	Bradley Building	To familarize staff with services of Center.
Dr. James Jackson Youth Emergency Service Clinic	All Staff	Aug. 16	Bradley Building	To familarize staff with the clinic and how children are referred.
Mrs. Robert Davis Family Court	All Staff	Aug. 17	Bradley Building	To explain the part Family Court plays with behavior problems.
Mrs. Arlis Milburn Crippled Childrens' Service	All Staff	Aug. 17	Bradley Building	To acquaint new staff with services of clinic and reemphasize how referrals are made.
Administrators' Pre-school conference	Director	Aug. 27 Aug. 29	Drake Vocational School	To make clear policies as set forth by the school board.
Health Problems of the School-Age Child	2 Nurses	Sept. 12 Sept. 14	Mobile, Ala.	To provide information on health assessment and how it affects learning.
Dr. Milton Peeler Medical Consultant	Nurses	Oct. 19	Bradley Building	To discuss various health problems of children

WORKSHOP ATTENDED BY STAFF

WORKSHOP	STAFF ATTENDING	DATES	PLACE	OBJECTIVE
Reading Workshop Sponsored by the Follow-Through Program Sue Monell, Bank Street Consultant	Director & Adm. Assistant	Oct. 24 Oct. 26	Bradley Building	To teach language experience approach to reading-nurses attended to show how health education could be integrated into the curriculum.
Follow-Through Workshop on the Use of Food Stamps	Health Aides Transportation Aides & Parents	Oct. 17 Oct. 18	West Huntsville School	To help parents understand to use food stamps effectively.
Priscilla Pimberton Bank Street Parent Involvement	Nurses Health Aides	Nov. 6 Nov. 8	West Huntsville School	To prevent new ideas for increasing parent involvement.
Writing Behavioral Objectives Dr. Robert Kite Consultant	Director	Nov. 1 Nov. 3	Drake Vocational School	To teach the art of writing behavorial objectives.
Certification of School Nurses sponsored by Department of School Nurses	Nurses	Nov. 29 Dec. 1	New Orleans	To increase awarness of certification in order to have more nurses employed by school boards.
Contingency Management in the classroom	Nurses Guidance Counselor	Nov. 14 Dec. 12	Huntsville High School	To learn contracting in the classroom.
Magic Circle	Guidance Counselor	Nov. 14 Dec. 12	Butler High School	
Drug Education	Nurses	Nov. 14 Dec. 12	Grissom High School	To receive new methods of teaching drug education

WORKSHOP ATTENDED BY STAFF

WORKSHOP	STAFF ATTENDING	DATES	PLACE	OBJECTIVE
Health Legislation Sponsored by ANA	Nurses	Dec. 9	Carriage Inn	To help nurses become better informed about the legislative process of health bills.

APPENDIX V

ETV SCRIPT

Guidance Education Tape
Health Services
Huntsville City Schools
1973

Program: Keys to Mental Health
Fear - Anxiety

Purpose: To help the child develop self-confidence through good mental health.

Video	Audio
Camera: Credits	Music theme Narrator: This tape is presented by the Guidance Component of the Health Services, Huntsville City School System.
Narrator	"What is fear? Have you ever thought about the word? Sometimes fear is useful. Sometimes it can cause so much anxiety that it can keep us from doing our best. We all have feelings of fear at one time or another. Understanding our feelings, learning what to do and when to do it is necessary for our happiness. You may wonder when a feeling of fear is necessary. It is necessary when we need protection from harm. It is necessary to save us from injury.
Camera: Automobile almost hitting a child.	Narrator: Fear is necessary when an automobile is bearing down on us.
Camera: Child afraid of vicious dog.	Narrator: It is necessary when we meet a vicious dog.
Camera: Blazing fire.	Narrator: It is necessary when a house is burning.
Camera: Narrator	Narrator: Fear is certainly necessary at times, because it prepares us for action that will save us. But sometimes fear develops into anxiety.

Video		Audio
		When this happens it can cause us to be unhappy. Anxiety can keep us from thinking clearly.
Camera:	Child asking Narrator	"What is anxiety?"
Camera:	Narrator	Narrator: "It is hard to say because it comes from inside, not from outside. It comes from how we feel, not from actual things that happen."
Camera:	Automobile (flashback to automobile hitting a child.)	Narrator: An automobile hitting us is a real danger. Everyone fears this and tries to escape it but a constant fear that a car will run us down and hit us is not an actual fear. It comes from our thoughts and feelings which makes us think we are constantly in danger. The danger is not the automobile but the feeling that something is going to happen."
Camera:	Child afraid as he watches cars parked (crossing street)	
Camera:	Flashback - Dogs	Narrator: A fear of a vicious dog is healthy but to be afraid of all dogs is anxiety.
Camera:	Child afraid-looking at puppy.	
Camera:	Flashback - Fire	Narrator: An uncontrolled fire is a real danger but to lie awake at night wondering if the house will burn down is a form of anxiety.
Camera:	Child in bed showing extreme anxiety.	
Camera:	Child # 1	"My name is_____. This is my friend_____. We were talking about fear and anxiety. I guess all of us have a feeling of anxiety at times but too much of it will make us unhappy."
Camera:	Child # 2	"I think everybody wants to be

Video	Audio
	happy, so how can a person keep from being too anxious?"
Camera: Narrator	"That's a good question,_____. In order to be happy we must be at ease-comfortable-about ourselves. We don't allow our emotions to overcome us and we must learn to accept disappointments."
Camera: Child # 1	"Do we have to feel right about ourselves and like others?"
Camera: Narrator	"Yes,_____, that's right. That is what we call self-respect."
Camera: Child # 2	"I think in order to be happy we must feel right about other people, too."
Camera: Narrator	"You are right,_____. Happy people give love as well as accept love. They develop relationships with other people that are both lasting and satisfying."
Camera: Child # 1	"They trust people, don't they?"
Camera: Child # 2	"And they expect to be trusted, too."
Camera: Narrator	"Happy people feel a closeness with the group and a sense of responsibility. They respect themselves and other people. To say what we've been talking about in simple words is that happy people do their best and are satisfied with their efforts."
Camera: Child walks (Scene 1) into office (First day of school).	

Video	Audio
Camera: Class of children in classroom. Books out-time to study.	Teacher: "Before we begin our study period, do any of you have a question?"
Camera: One child afraid to ask a question.	Narrator: "_____is anxious. There is something she does not understand but is too afraid to ask. Someone might laugh at her."
Camera: Class of children in classroom. Books out-time to study.	Teacher: "Before we begin our study period, do any of you have a question?"
Camera: Child thinking-slowly raises his hand.	Teacher: "Yes, _____?"
Camera: Child	Child: "Do you want us to work the problems on page 56?"
Camera: Teacher	Teacher: "That's right,_____." All the way through problem 7."
Camera: Teacher writing on board page 56, through problem 7.	
Camera: Narrator	Narrator: "People are willing to help us when we need help. Happy people are lenient when other people criticize. We must look for the good points in people and develop them."
Camera: Child # 2	Child: "I was anxious when I first came to school. I didn't have any friends here. I moved from another town.
Camera: Child walking on play-ground (by herself) Other children playing happily. Child does not try to join in-sits down by a tree-alone.	Narrator's voice: "We all need to have a feeling of belonging, but we must make an effort to belong. Self-confidence, as we have seen, comes from within us. Self-confidence can continue to build if we try to have a good relationship with other people."

Video	Audio
Camera: Secretary	Secretary: "Can I help you?"
Camera: Child	Child: "I don't know where to go."
Camera: Secretary	Secretary: "Who is your teacher?"
Camera: Child	Child: "Mrs. Borden."
Camera: Secretary	Secretary: "Room 107 - Second door on the right."
Camera: Child walking down the hall looking for room. (Arm full of books) - Distressed-walks past Room 107-continues down hall-frustrated-sits down on floor-head in hands.	Narrator's voice. "_____has a problem. He may be too anxious. A feeling of anxiety can make a person forget what he hears."
Camera: Narrator	Narrator: "The need to feel safe ---------every basic need must be met in order to move on to working out the next.
Camera: Repeat above scene	Repeat above audio scene.
Camera: Child sees a teacher in the hall. Walks up to her.	Child: "Will you help me find my room?"
Camera: Teacher	"I'll be glad to (Smiles) "You are in Mrs. Borden's room." This is said after teacher looks at child's schedule). "Go right in and select your desk!"
Camera: Child (Smiling) selects desk-sees a familiar face-smiles-waves.	
	Narrator: "Do you think we must try - maybe make errors in order to build confidence in ourselves?"
Camera: Child #1	Child: "I get anxious when I need to ask the teacher a question. I'm afraid someone will laugh at me."

Video	Audio
Camera: Child walking on playground (by herself). Other children playing happily. Stands by a tree, then decides to walk closer to the group.	
Camera: Other children playing.	
Camera: Child	Child: "Come on Karen and play with us."
Camera: Narrator	Narrator: "Karen has learned that making friends is not so difficult. She is building self-confidence, which, in turn, will help her to be a happy person."
Camera: Child # 1	Child: "Can we ever be absolutely free of fear?"
Camera: Narrator	Narrator: "No, we never can - and I don't think it would be wise if we could. But we can all grow to maturity where we will not be burdened by anxiety. When we realize this we will be happier people and can contribute to the happiness of others."

MENTAL HEALTH BOOKLET

Keys to Mental Health:

Fear and Anxiety

A Guidance Education Publication
Demonstration Health & Nutrition Project
Huntsville City Schools
1973-1974

Do you know what it means to FEAR something? Of course you do! Everyone has been afraid at one time or another. Sometimes, though, we think we are "afraid" when we are really experiencing "anxiety." It is important to know the difference between these feelings, or emotions, if we would really understand ourselves.

FEAR is good because it prepares us for action that will save us from injury. For example, if you are in danger of being hit by a car, FEAR of the situation causes you to jump back to keep the car from hitting you. The boy in the picture below is wise to be afraid.

In the next picture our friend sees a vicious dog ready to bite him.

It is FEAR again that helps him do something to protect himself from danger. He runs!

Another instance where FEAR could help us would be if it caused us to run from a burning building.

Can you think of other situations where FEAR would be necessary for safety?

It is too bad that such a useful emotion as FEAR can turn into that harmful feeling known as ANXIETY.

"Just what is ANXIETY?" you may ask. An easy way to understand the difference between FEAR and ANXIETY is to decide if what you are afraid of is a real danger or if it is just a possibility. We feel ANXIETY if we are afraid something might happen, but there is little evidence that it is going to happen. Think again about the boy in front of the car.

He is in real danger, isn't he? But just suppose he worries all of the time about being hit by a car, even a parked car. Then his feelings are NOT caused from actual danger.

He is really experiencing ANXIETY and he COULD become too unhappy to enjoy playing in his own yard Wouldn't that be a shame?

Think again about our friend as he wisely runs away from the mean dog.

However, if this experience causes him to be afraid of all dogs, even friendly puppies——

——then he is over-ANXIOUS and unhappy every time he sees a dog. This would be too bad because dogs can be such fun to play with.

Now recall the burning house.

In the case of actual fire it is good to feel afraid—

but if you lie awake all night waiting for

the house to burn when fire is not even suspected, then you can ruin your health at the same time you are feeling unhappy.

Happy people, then, are those who are able to understand themselves and their feelings, and through understanding they learn to CONTROL their emotions.

This self-understanding helps us to like ourselves even when we cannot do some things that others can do.

When our emotions, or feelings, are not allowed to overcome US, we begin to develop self-respect. SELF-respect is a big step toward respecting others.

Happy people feel a closeness with other people and have a sense of responsibility.

Happy people do their best most of the time and they feel GOOD about themselves even if their best is not as good as what a friend has done.

Isn't it good to feel Happy!

APPENDIX VII

TEAM CONFERENCE GUIDELINE

HUNTSVILLE CITY SCHOOL SYSTEM
DEMONSTRATION HEALTH & NUTRITION PROJECT
TEAM CONFERENCES GUIDELINES
1973-'74

PURPOSE: The primary objective of the team conference is to allow for an in-depth review of children considered priority in need (based on multidisciplinary undiagnosed needs presented) in order that a total child approach might be effected and solutions might be recommended.

STAFFING: For each team comference the following staffing pattern will be maintained:

1) 1 guidance counselor
2) 1 nurse
3) 1 speech & hearing therapist
4) 1 teacher
5) 1 moderator (the school principal may serve to observe)

SCHEDULE:

October	18	- Cavalry Hill
October	25	- Fifth Avenue
November	1	- Terry Heights
November	8	- West Huntsville
November	15	- Cavalry Hill
November	29	- Fifth Avenue
December	6	- Terry Heights
December	13	- West Huntsville
January	10	- Cavalry Hill
January	17	- Fifth Avenue
January	24	- Terry Heights
January	31	- West Huntsville
February	7	- Cavalry Hill
February	14	- Fifth Avenue
February	21	- Terry Heights
February	28	- West Huntsville
March	7	- Cavalry Hill
March	21	- Fifth Avenue
March	28	- Terry Heights
April	4	- West Huntsville
April	11	- Cavalry Hill
April	18	- Fifth Avenue

Because of the time element it's hoped that we may be able to process at least two students per month per school. Names of the students will be set with the dates when the teacher has cleared that the parents approve of the team conference.

TIME: 2:30 - 3:30 (1 hour) Thirty minutes will be allowed per case.

STAFF RESPONSIBILITIES:

a) Prepare a summary report in writing to the Director one day prior to the team conference. (See attached report sheet)

b) Give two minute presentation from the summary at the team conference.

c) Participate in a review of the cases and provide any needed up-date material.

See attached outline of each staff persons responsibility broken down in steps per component.

STEPS IN THE GENERAL PROCESSING OF EACH CASE:

1) Identification of child to be studied
2) Nurse notifies teacher that child has been chosen, orients the teacher as to her in-put in the team conference and assists the teacher in setting up a parent conference. The teacher counsels with the parents and seeks parental permission to conduct the team conference. Parents permission for the child to receive psychological testing must also be obtained at this time.
3) Parent - Teacher conference
4) Each staff person is notified by the nurse that permission has been received to process the case. The director must be notified and a copy of the memo sent to the staff must be presented.
5) Upon receiving notification to proceed witn the case study each staff member is to follow the steps outlined in the attached sheets concerning individual responsibilities.
6) Written summary is to be presented by each staff member to the Director one day before the team conference. (Please use Team Conference Summary Report Form).
7) Team conferences are conducted.
8) Parent conference is held (all staff are to be present). This is to give a brief account of the total conclusions and recommendations determined by the staff. This should be held no later than one week after the conference.
9) Follow-up on recommendations is made by each staff member.
10) Review and evaluation: A review of cases processed will be made twice per year, once at mid-term and one in late April. Staff are expected to add written in-put concerning follow-up action taken for the case study.

Upon receiving notification that a child has been cleared by the teacher with the parents for a team conference, the following steps will be taken:

a) Conduct a teacher conference
b) Set up a time to observe the child
c) After observation, administer tests as deemed necessary and appropriate
d) Prepare a written summary report utilizing Team Conference Summary Report Form. Participate in team conference
e) Provide follow-up counseling with parent, teacher, and child
f) Provide a written follow-up progress report of action taken for the case study

SPEECH AND HEARING RESPONSIBILITIES

Upon receiving notification that a child has been cleared by the teacher with the parents for a team conference, the following steps will be taken:

a) Conduct a teacher conference
b) Set up a time to observe the child
c) After observation, administer speech and hearing tests as deemed necessary and appropriate
d) Prepare a written summary report utilizing Team Conference Summary Report Form
e) Participate in parent conference
f) Provide a follow-up work with parent, teacher and child
g) Provide a written follow-up progress report of action taken for the case study

NURSING SERVICE RESPONSIBILITIES.

1. When names of children have been identified by the team, the school nurse is to take the teacher a packet outlining her responsibilities in processing this student for a team conference. The nurse is to assist the teacher in arranging a conference with the parents to obtain permission to conduct the team conference.

2. The parent conference must be held no later than two weeks before the team conference is scheduled to allow staff time to gather information and test.

3. All staff and Director are to be notified if the child is to be processed; if the parents do not give permission another child must be substituted (This would require a team meeting to decide the substitution).

4. Upon determining that the child has been cleared to be processed in a team conference, the following steps are to be taken:

    a) Conduct a home visit, and determine the following:

        1. social history (see attached form)
        2. health history
        3. medical
        4. dental history (if any)
        5. Teacher Health observation sheet

    b) Conduct a teacher conference

    c) Observe the child

    d) Follow the steps as outlined for the other components 4-7 above.

TEACHER RESPONSIBILITIES IN TEAMING

1. Refer children for processing in a team conference.
2. Counsel with parents and obtain permission for testing and a team conference after the nurse indicates that the child may be processed by the staff.
3. Complete the teacher conference form and health observation sheet; attach a copy of the child's work.
4. Work with the staff in the evaluation of the child.
5. Prepare a summary report for the team conference.
6. Participate in the team conference.
7. Participate in the implementation of the recommendations.
8. Conduct (in coordination with the staff) a parent conference.

APPENDIX VIII

CASE STUDY

TEAM CONFERENCE SUMMARY REPORT FORM
HUNTSVILLE CITY SCHOOL SYSTEM 1972-73

COMPONENT REPORTING: TEACHER SCHOOL TERRY HEIGHTS DATE DEC 1973
STUDENT: BENITA [redacted] AGE: 10 SEX: F RACE: N GRADE: 4
PARENT: HATTIE [redacted] TEACHERS KACHELHOFER PHYSICIAN
ADDRESS: PHONE PRINCIPAL TIBBS

I INFORMATION OBTAINED AND TEST ADMINISTERD
(Attach a copy of all listed except restticted psychological exams)

S.R.A. Acheivement 10-71 Cp 4/9 G 2/4 Sp 0/1
N.D.S.C.
Total 2/3
S.R.A. 5/73
Comp 01
Com R. L. M.
V 2/6
1 4 1 4
T 0/7
S.R.A. 3/72
Comp 1/5
Com. R. L. M.
1 2 1 1

II SUMMARY AND CONSLUSIONS
(outlined 1, 2, 3, etc)

Not functioning in regular classroom, accepted by the class.
Attempts to cooperate in all areas.
She needs one to one instruction.

IIIIRECOMMENDATIONS AND PLANNED ACTION
(outlined 1,2,3, etc)

Needs to be in self contained classroom, for special attention at all times.

General Health Record by Teacher

Name BENITA [redacted] School Year 1973-1974

General Health Evaluation Code: E - excellant
G - good
P - poor (if poor, explain)

	October	December	March	May
General Health				
Classroom Activity				
Attention				
Height	55 in.	in.	in.	in.
Weight	65 lb.	lb.	lb.	lb.

Observed Health Problems Code: F - frequently
O - occasionally
N - never

	October	December	March	May
Frequent Headaches				
Dizziness				
Red, Inflamed eyes				
Drowsiness				
Swollen or Crusted Lids				
Nervous				
Lightning Pains				
Difficulty in hearing				
Runs Errands				
Sore Throat				
Wheezing				
Cough				
Nervousness				
Skin Sores				
Pain in Joints				
Poor Coordination				
Trembling Movements				
Shyness				
Boy-Girl	F			
Excessive Perspiration				
Stomach Upset				

Comments: _____

TEAM CONFERENCE SUMMARY REPORT FORM
HUNTSVILLE CITY SCHOOL SYSTEM 1972-73

COMPONENT REPORTING: SPEECH & HEARING SCHOOL TERRY HEIGHTS DATE 11-30-73
STUDENT: BENITA [redacted] AGE: 10 SEX: F RACE: N GRADE: 4
PARENT: TEACHERS KACKELHOFFER PHYSICIAN
ADDRESS: PHONE PRINCIPAL

I INFORMATION OBTAINED AND TEST ADMINISTERD
(Attach a copy of all listed except restticted psychological exams)

1. Goldman - Fristoe test of Articulation
2. Auditor Screening Test
3. Peabody, Picture Vocabulary Test

II SUMMARY AND CONSLUSIONS
(outlined 1, 2, 3, etc)

1. Benita misarticulated an f/o in medial and final positions in single words. a b/v in the medial position, omitting a /v/ in the first position and again misarticulating a d/t in the initial position. Her sentences are very short in spontaneous speech.
2. Benita's hearing was screened at 20 db which is within normal limits.
3. Benita scored an IQ of 63 on the PPVT with a mental age of 6 years PPVT classifies this as a very slow learner.

IIIIRECOMMENDATIONS AND PLANNED ACTION
(outlined 1,2,3, etc)

I recommend that Benita continue in speech to improve he quality of speech also for the original reason Penita was placed in speech to insure that she attains sucess in something she is doing at school since she has little success in the regular classroom.

Peabody Picture Vocabulary Test

by Lloyd M. Dunn, Ph.D.

FORM a

INDIVIDUAL TEST RECORD

NAME Benita (last) (first) (initial) SEX: M F (circle) GRADE 4 (or phone)

SCHOOL Terry Heights (or agency or address) TEACHER Kackelhoffer (or counselor or supervisor)

EXAMINER Susan C. Foster TIME (min.) CODE (or race or descent)

AGE DATA

Date of testing 73 (year) 11 (month) 30 (day)

Date of birth 63 (year) 7 (month) 25 (day)

Age 10 (years) 7 (months)

TEST SCORES

Raw score (from page 3) 58

Intelligence quotient (I.Q.) 63

Percentile score (%ile)

Mental age (M.A.) 6-6

CONVERSION OF MONTHS TO NUMERALS FOR USE IN RECORDING AGE DATA

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
No. of Month:	1	2	3	4	5	6	7	8	9	10	11	12

OTHER TEST DATA

Names of tests	Date	CA	Score	Type of score
PPVT, Form B				

LANGUAGE BACKGROUND

Language of the home: (if other than standard English)

Quality of language:	☐ good for age	☐ fair for age	☐ poor for age
Quantity of speech:	☐ talkative	☐ average	☐ taciturn
Intelligibility of speech:	☐ good	☐ fair	☐ poor

REASON FOR TESTING

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AGS

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SCORE SHEET FORM

a

Suggested Starting Points (see manual page 8)

Age Category	Begin with:	Age Category	Begin with:
below 3-3	Plate No. 1	9-6 to 11-5	Plate No. 60
3-3 to 4-2	Plate No. 15	11-6 to 13-5	Plate No. 70
4-3 to 5-5	Plate No. 25	13-6 to 15-5	Plate No. 80
5-6 to 7-5	Plate No. 40	15-6 to 17-5	Plate No. 90
7-6 to 9-5	Plate No. 50	above 17-6	Plate No. 100

BASAL: 8 consecutive correct responses

CEILING: 6 errors in 8 consecutive responses

*TO RECORD ERRORS: Make oblique strokes through the geometric figures. Every eighth figure is ide

Plate No.	Word	Key Resp.	Errors*
1	car	(4)	○
2	cow	(3)	□
3	baby	(1)	△
4	girl	(2)	✣
5	ball	(1)	♡
6	block	(3)	☆
7	clown	(2)	◇
8	key	(1)	○
9	can	(4)	□
10	chicken	(2)	△
11	blowing	(4)	✣
12	fan	(2)	♡
13	digging	(1)	☆
14	skirt	(1)	◇
15	catching	(4)	○
16	drum	(1)	□
17	leaf	(3)	△
18	tying	(4)	✣
19	fence	(1)	♡
20	bat	(2)	☆
21	bee	(4)	◇
22	bush	(3)	○
23	pouring	(1)	□
24	sewing	(1)	△
25	wiener	(4)	✣
26	teacher	(2)	♡
27	building	(3)	☆
28	arrow	(3)	◇
29	kangaroo	(2)	○
30	accident	(3)	□
31	nest	(3)	△
32	caboose	(4)	✣
33	envelope	(1)	♡
34	picking	(2)	☆
35	badge	(1)	◇
36	goggles	(3)	○
37	peacock	(2)	□
38	queen	(3)	△
39	coach	(4)	✣
40	whip	(1)	♡
41	net	(4)	☆
42	freckle	(4)	◇
43	eagle	(3)	○
44	twist	(2)	□
45	shining	(4)	△
46	dial	(2)	✣
47	yawning	(2)	♡
48	tumble	(2)	☆
49	signal	(1)	◇
50	capsule	(1)	○
51	submarine	(4)	□
52	thermos	(4)	△
53	projector	(3)	✣
54	group	(4)	♡
55	tackling	(3)	☆
56	transportation	(1)	◇
57	counter	(1)	○
58	ceremony	(2)	□
59	pod	(3)	△
60	bronco	(4)	✣
61	directing	(3)	♡
62	funnel	(4)	☆
63	delight	(2)	◇
64	lecturer	(3)	○
65	communication	(2)	□
66	archer	(4)	△
67	stadium	(1)	✣
68	excavate	(1)	♡
69	assaulting	(4)	☆
70	stunt	(1)	◇
71	meringue	(1)	○
72	appliance	(3)	□
73	chemist	(4)	△
74	arctic	(3)	✣
75	destruction	(4)	♡

RAW SCORE CALCULATIONS

Ceiling item 65

Less errors 1

Raw score 58

cal to facilitate the determination of the basal or ceiling.

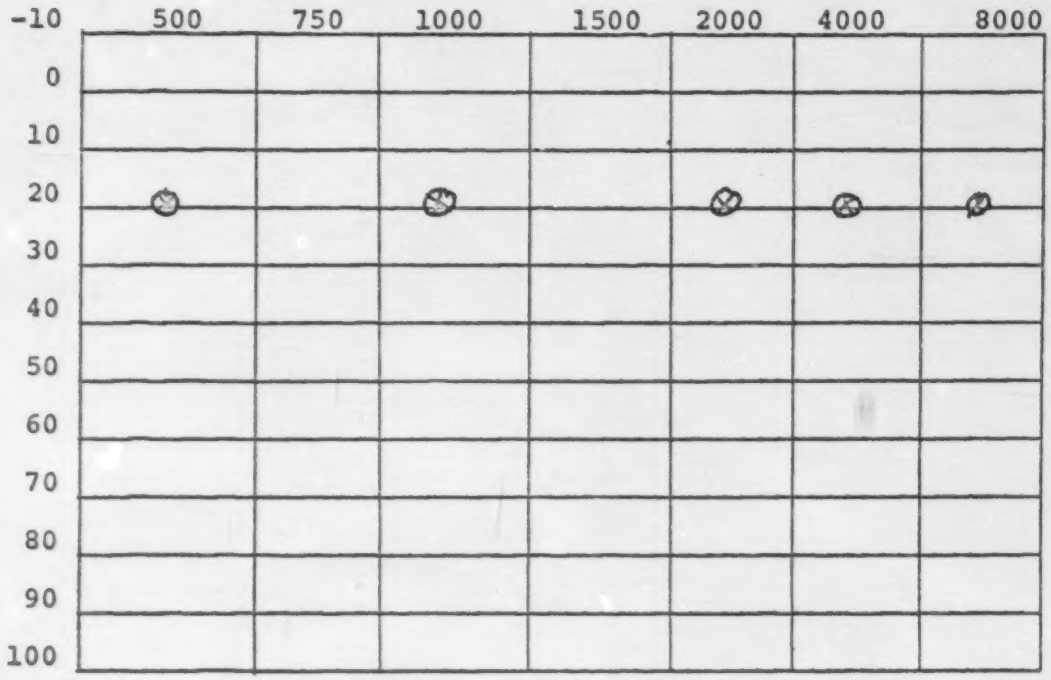
Plate No.	Word	Key	Resp.	Errors*
76	porter	(3)		☆
77	coast	(2)		◇
78	hoisting	(4)		○
79	wailing	(1)		□
80	coil	(2)		△
81	kayak	(3)		✣
82	sentry	(2)		♡
83	furrow	(4)		☆
84	beam	(1)		◇
85	fragment	(3)		○
86	hovering	(2)		□
87	bereavement	(3)		△
88	crag	(4)		✣
89	tantrum	(2)		♡
90	submerge	(1)		☆
91	descend	(3)		◇
92	hassock	(2)		○
93	canine	(1)		□
94	probing	(1)		△
95	angling	(1)		✣
96	appraising	(3)		♡
97	confining	(4)		☆
98	precipitation	(4)		◇
99	gable	(1)		○
100	amphibian	(1)		□
101	graduated	(3)		△
102	hieroglyphic	(2)		✣
103	orate	(1)		♡
104	cascade	(3)		☆
105	illumination	(4)		◇
106	nape	(1)		○
107	genealogist	(2)		□
108	embossed	(2)		△
109	mercantile	(4)		✣
110	encumbered	(2)		♡
111	entice	(4)		☆
112	concentric	(3)		◇
113	vitreous	(3)		○
114	sibling	(1)		□
115	machete	(2)		△
116	waif	(4)		✣
117	cornice	(1)		♡
118	timorous	(3)		☆
119	fettered	(1)		◇
120	tartan	(2)		○
121	sulky	(3)		□
122	obelisk	(4)		△
123	ellipse	(2)		✣
124	entomology	(2)		♡
125	bumptious	(4)		☆
126	dormer	(2)		◇
127	coniferous	(2)		○
128	consternation	(4)		□
129	obese	(3)		△
130	gauntlet	(4)		✣
131	inclement	(1)		♡
132	cupola	(1)		☆
133	obliterate	(2)		◇
134	burnishing	(3)		○
135	bovine	(1)		□
136	eminence	(4)		△
137	legume	(3)		✣
138	senile	(4)		♡
139	deleterious	(2)		☆
140	raze	(4)		◇
141	ambulation	(2)		○
142	cravat	(1)		□
143	impale	(2)		△
144	marsupial	(4)		✣
145	predatory	(3)		♡
146	incertitude	(1)		☆
147	imbibe	(2)		◇
148	homunculus	(3)		○
149	cryptogam	(4)		□
150	pensile	(3)		△

HUNTSVILLE CITY SCHOOL SYSTEM

AUDIOMETRIC EVALUATION

Name BENITA [redacted] Date 11-30-73 Testor SUSAN C. FOSTER

School TERRY HEIGHTS Teacher KACKELHOFFER Calibration ISO



SCREENED AT 20 db - ok

O RIGHT EAR

X LEFT EAR

Skating is fun.

The ending ing is a suffix.

Swinging is fun.

Swing is the base word in swinging.

Underline the base words for:

crying	flying	washing
burning	showing	keeping

When the base word ends with e, omit the e before adding the suffix ing.

skate	froze	wave
skat' ing	froz' ing	wav' ing

Add ing to these base words:

trade	smoke	move
trading	smoking	moving
hope	live	wade
hoping	living	wading

When the base word ends with one consonant immediately following one vowel, double the consonant before adding the suffix ing.

rub	hop	dig
rubbing	hopping	digging
pat	skip	drum
patting	skipping	drumming

RESPONSE FORM / Goldman-Fristoe Test of Articulation

by Ronald Goldman, Ph.D. and Macalyne Fristoe, M.S.

62

NAME Rosita C. AGE ____ GRADE ____

SCHOOL Terry Heights TEACHER Kackelhoffe DATE 11-30-73

EXAMINER Susan C. Festa COMMENTS teeth slightly crooked; spontaneous speech unintelligible

Sounds-in-Words	Number of Errors	Percentile Rank
Syllable Stimulability		

SOUNDS-IN-WORDS RESPONSE MATRIX

	INITIAL	MEDIAL	FINAL
1 p			
2 m			
3 n			
4 w			
5 h			
6 b			
7 g			
8 k			
9 f			
10 d			
11 ŋ			
12 j			
13 t			
14 ʃ			
15 tʃ			
16 l			
17 r			
18 dʒ			
19 θ		f	f
20 v		v	v
21 s			
22 z			
23 ð	d		

STIMULABILITY RESPONSE MATRIX

	SYLL.	WORD	SENT.
1 p			
2 m			
3 n			
4 w			
5 h			
6 b			
7 g			
8 k			
9 f			
10 d			
11 ŋ			
12 j			
13 t			
14 ʃ			
15 tʃ			
16 l			
17 r			
18 dʒ			
19 θ			
20 v			
21 s			
22 z			
23 ð			

BLENDS

	SYLL.	WORD	SENT.
24 bl			
25 br			
26 dr			
27 fl			
28 kl			

BLENDS

	SYLL.	WORD	SENT.
30 pl			
31 skw			
32 sl			
33 st			
34 tr			

KEY WORDS

Plate 1 — 5 21 — h ou s e

Plate 2 — 13 9 — t ele ph one

Plate 3 — 8 1 — c up

Plate 4 — 7 3 — g un

Plate 5 — 3 9 — k n i f e

Plate 6 — 4 10 — w in d ow

Plate 7 — 7 35 — wa g on . . . wh eel

Plate 8 — 8 — chic k en

Plate 9 — 22 1 — z i pp er

Plate 10 — 21 22 22 — s ci ss or s

Plate 11 — 10 8 12 16 — d uc k . . . y e ll ow

Plate 12 — 20 — v acuum

Plate 13 — 2 15 — m at ch es

Plate 14 — 16 — l amp

Plate 15 — 14 20 — sh o v el

Plate 16 — 17 — ca r

Plate 17 — 17 6 — r a bb it

Plate 18 — 9 14 — f l sh ing

Plate 19 — 15 15 — ch ur ch

Plate 20 — 23 — fea th er

Plate 21 — 1 21 23 23 — p en c ils . . . th is or th at

Plate 22 — 17 13 18 — ca rr o t . . . oran g e

Plate 23 — 19 13 6 6 19 — ba th t u b . . . b a th

Plate 24 — 19 11 11 — th umb . . . f ing er . . . r ing

Plate 25 — 18 — j umping

Plate 26 — 18 — pa j amas

Plate 27 — 30 24 — pl ane . . . bl ue

Plate 28 — 25 14 — br u sh

Plate 29 — 26 2 — dr u m

Plate 30 — 27 7 — fl a g

Plate 31 — 3 28 — Sa n ta Cl aus

Plate 32 — 29 2 34 — Chr ist m as tr ee

Plate 33 — 31 16 — squ irre l

32 10

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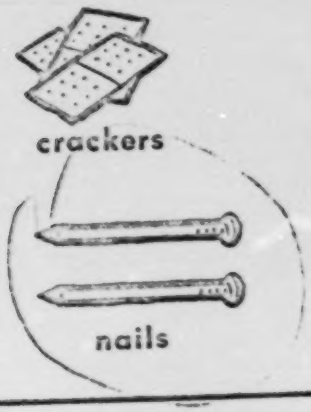
Mr. Nobody

NAME Brandon

Nn

1



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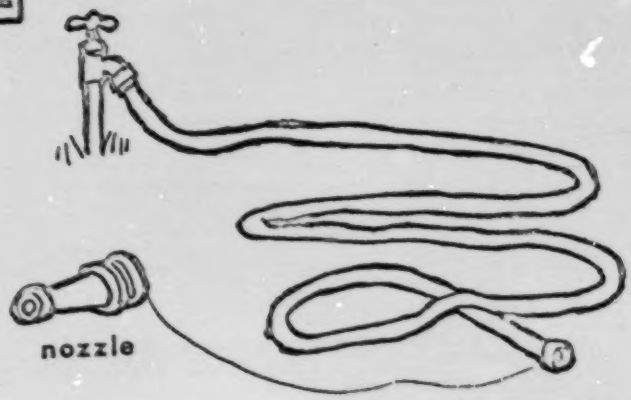

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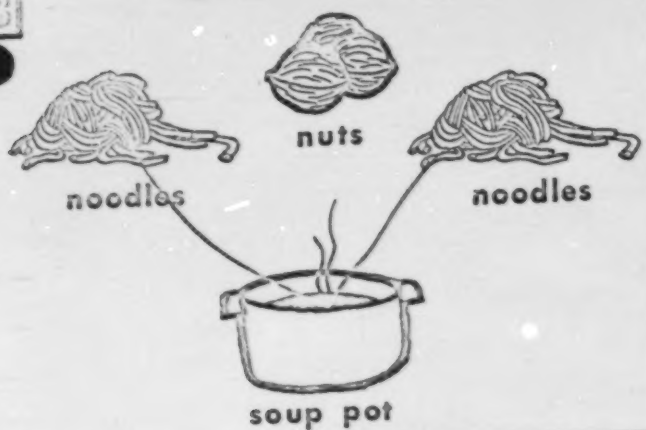

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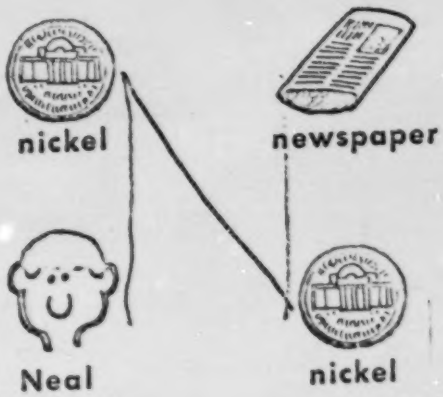

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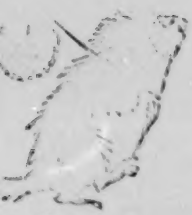


Pp

Bb

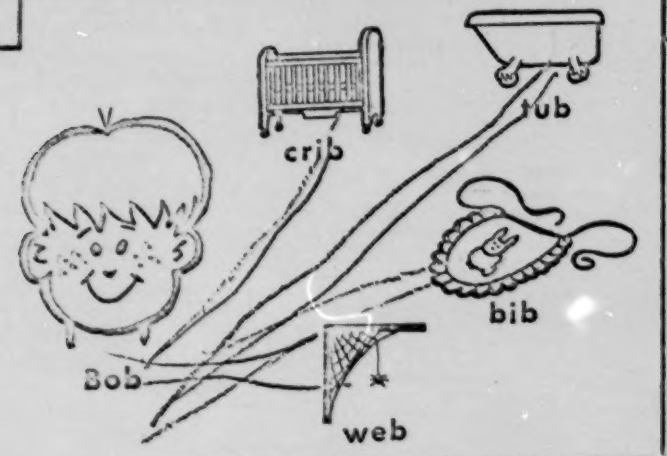
Dd

Tt

A Bird in Paul's Pocket

NAME Barbara

1



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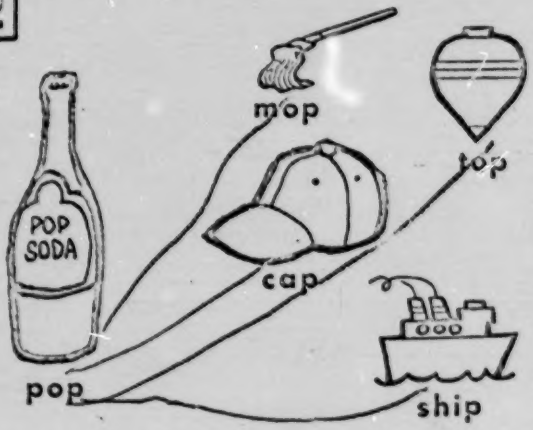

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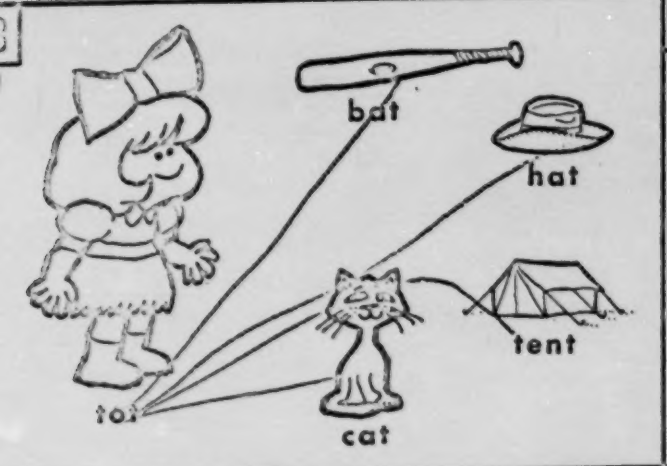

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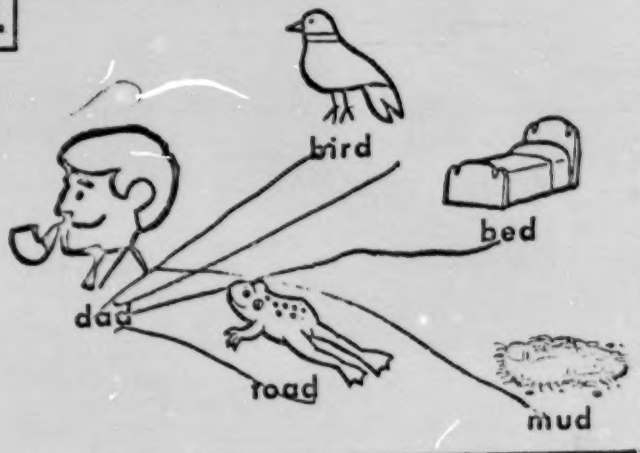

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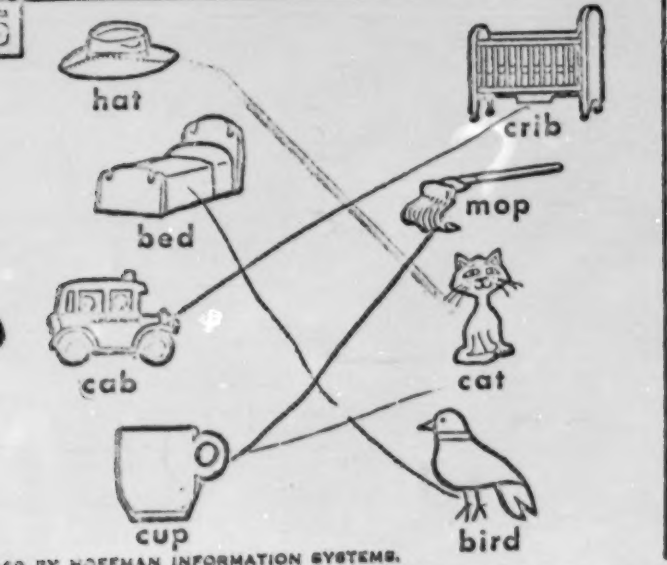

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TEAM CONFERENCE SUMMARY REPORT FORM
HUNTSVILLE CITY SCHOOL SYSTEM 1972-73

COMPONENT REPORTING: NURSE SCHOOL TERRY HEIGHTS DATE 12-5-73
STUDENT: BENITA [redacted] AGE: 10 SEX:F RACE: N GRADE: 4
PARENT: HATTIE [redacted] TEACHERS KACKELHOFFER PHYSICIAN LOUIS
ADDRESS: 120 C Mason Court PHONE 534-3174 PRINCIPAL TIBBS

I INFORMATION OBTAINED AND TEST ADMINISTERD
(Attach a copy of all listed except restticted psychological exams)

Eye Evaluation, Dr. Long 12-14-72, Vision Screening 11-1-72 20/30 BE
TB Skin Testing 3-22-73 NEG.
CCS April 1973 for check on surgery and progress of club foot
Physical Exam 12-8-72 Psychological evaluation recommended
Dental Care 1971
Health History
Medical Record
Personal Data

II SUMMARY AND CONSLUSIONS
(outlined 1, 2, 3, etc)

1. Benita is apparently in good health, clean
2. She is having learning difficulties
3. There is not behavior problem regard to discipline, but gives freely of her lunch and belongings as possibly a gesture of friendship or to win favor of peers.

IIIIRECOMMENDATIONS AND PLANNED ACTION
(outlined 1,2,3, etc)

1. Check vision with telebinocular, Benita not using glasses in school says they are loose
2. Psychological evaluation
3. Have vision rechecked by specialist and glasses refitted as prescribed

HUNTSVILLE CITY SCHOOLS
MEDICAL RECORD

Name: BENITA [redacted] Sex: M ___ F ✓ Race: W ___ N ✓ Age: 7 Date of Birth 4-25-[illegible]

Address: 129 C Mason Court Telephone 534-3174 School Terry Heights

Name of Parent/Guardian HATTIE [redacted] Physician: Dr. Lewis

URINALYSIS: Normal HEMATOCRIT 31 T.B.TEST: ___ HT 51 3/4 WT. 59

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
NUTRITION	Good		SPEECH	✓	
SKIN & SCALP	normal		HEARING	✓	
TEETH & MOUTH	✓		VISION	✓	
TONSILS & THROAT	✓		HEART	✓	
LYMPH NODES	✓		LUNGS	✓	
EYES	✓		ABDOMEN	✓	
EARS	✓		GENITALIA	✓	
NEUROLOGICAL	✓		ABNORMALITIES	✓	

1. Is this child presently under medical treatment? Yes ___ No ✓
   or on medication? Yes ___ NO ___
   Explain: ___

2. Does this child appear to have neurological, emotional, or behavioral disorders sufficient to affect his ability to learn? Yes ✓ No ___
   Explain: [illegible]

3. Does this child need further referral? Yes ✓ No ___
   Recommendations: Psychological Evaluation

IMPRESSION & RECOMMENDATIONS: ___

[illegible]

DATE 12/8/72 [signature]

HEALTH HISTORY

-Name BENITA [redacted] Sex F Race N Age 9
Address 129 C Mason Court Telephone 534-3174 Birthdate April 25, 1963
Name of Parent/Guardian & Relationship to child Hattie [redacted]
School & Teacher Terry Heights/Tims Family Physician Louis
Where Parent/Guardian can be contacted in emergencies
Grandmother, Gertrude [redacted] 776-2646

Growth and Development:
Did you have a normal Pregnancy? Yes X No
Did the baby come in nine months? YES Appx. Birth Weight 6# 8 oz
Did the baby have any serious illnesses during the first six months?
Discuss: NO
At what age did this child sit alone? Walk alone? 11 months
Did this child say any words by 1 1/2 years? Yes X No

Family History:
Check any of the following that this child's parents, grandparents, aunts, uncles, brothers, or sisters have had.

	Check here	Which family Member		Check here	Which Family Member
Mental Illness			Seizures		
Diabetes			Cancer		
Asthma			Heart Trouble		
Allergies			Tuberculosis		

If a family member had T B, did this child live in the same hourse?

Infectious Illness, Problems:	Yes	No X
Has your child had three bouts of ear trouble in the past year:	X	
Does your child have any trouble with urination?		X
Has he/she had more than three colds or throat infections with fever in the past year?		X
Has he/she had convulsions in the past year:		X
Does he/she have trouble hearing?		X

Circle any of the following that your child has had: "Red" Measles, chickenpox, asthma, mumps scarlet fever, rheumatic fever, hepatitis, hospitalization? Discuss: Surgury for club foot 3 to 4 years

Tests & Immunizations

	Check if Received	Date		Check if Received	Date
Smallpox			Polio	X	Type
D.P.T.	X		Tetanus		
Measles	X		TB Skin Test		3-22-7 Result Neg

Describe any other needs or problems that your child may have

Vison : Eye Evaluation, Dr. Long 12-14-72 No change in glasses

PERSONAL DATA SHEET

PUPIL [redacted] BENITA MARIE SEX F RACE N
LAST NAME FIRST MIDDLE

BIRTHDATE APRIL 25, 1963 PLACE Huntsville, Alabama

HEIGHT _____ WEIGHT _____ CA _____

CHILD'S ADDRESS 120 C Mason Court HOME PHONE 534-3174

IN CASE OF ILLNESS NOTIFY _____
TELEPHONE _____
FAMILY DOCTOR _____

MOTHER HATTIE [redacted] OCCUPATION DAY WORK - MAID
BUSINESS ADDRESS _____ TELEPHONE _____
EDUCATION 12th GRADE MOTHER'S INCOME _____

FATHER _____ OCCUPATION _____
BUSINESS ADDRESS _____ TELEPHONE _____
EDUCATION _____ FATHER'S INCOME _____

FAMILY ANNUAL INCOME _____
Rent or own home? Rent _____ Own _____ Live in City Limits _____

Siblings: (List oldest to youngest indicating child's position among siblings.)

Name	Sex	Age	Grade or Education	Comments and Physical Disabilities
BENITA	F	10	4 th	

Does the history of this case include any contact with a community agency or private individual?

Yes X No _____ Explain: _____

CCS - Mrs. [redacted] took Benita for check-up at CCS in April. Report was good Benita is to return in April 1974

Paternal Grandmother, Gertrude [redacted] Route 2 Box 59 Gurley, Alabama